

# CALIFORNIA IRP CARRIER DATA—SCHEDULE A/B

## INSTRUCTIONS FOR COMPLETING SCHEDULE A (FRONT OF FORM)

**Type of Application:** Mark (X) the box indicating the type of application. Schedule A form is required to be submitted for the following types of applications: Carrier information (demographics) corrections, renewal applications when no preprinted renewal application is received from DMV, or new/original IRP applications. Schedule B, mileage report, is required for all new/original, renewal, or add jurisdiction applications.

**IRP Account Number:** When applying for a new (original) IRP account, enter “New”. When applying for any other type of activity, enter the previously assigned account number.

**Supplement Number:** If Schedule A/B is being submitted in conjunction with vehicle addition, vehicle deletion, concurrent vehicle addition/deletion, or add jurisdiction applications the supplement number/identification must be entered in this space.

**Fleet Number:** Optional, for customer reference only.

**IRP License Year:** All California IRP accounts expire December 31. If applying for the current year only, mark the box indicating “Current Year Only”. **IMPORTANT:** If you apply for new/original IRP application or vehicle addition September 15 or later in the current year and intend to register the added vehicle on your fleet for the subsequent year, you must mark the box labeled “Current and Subsequent Year” and deposit IRP fees for both years. Applications submitted October 1 or later will be issued temporary registration that expires December 31 unless subsequent year IRP fees are also deposited with the application.

**Enter Effective Date of IRP Registration:** Enter the date that interstate operations of the fleet began. This date should match the effective date entered on Schedule C. Penalties may be due for original applications or vehicle additions when fees are paid 31 days after the effective date or for renewals submitted with fees after December 31. Refer to the California IRP Handbook for penalty information.

**Registrant Name/Legal Name:** Enter the legal name of the business or owner/operator.

**Registrant Name (continued) and/or DBA:** Enter continuation of the business name or “doing business as” name.

**Business Address:** Enter the physical business address where the registrant has an established place of business, maintains operational records of the fleet, and accrues mileage. This must be a physical address located in California and may not be the address of a licensed registration service agent.

**Mailing Address:** Enter the physical or post office box address where the registrant wants correspondence and credentials to be mailed. This may be the address of a licensed registration service agent.

**Address Where the Records of the Fleet are Maintained:** Enter the address where the registrant’s operational records are physically located, if different from the business or mailing address.

**Registrant Authorized Employee Name:** Enter the name of the employee of the business or the owner/operator contact name. The name entered here cannot be that of an employee of a licensed registration service agent.

**Daytime Telephone Number:** Enter the daytime telephone number of the owner/operator or employee contact person.

**FAX Number:** (Optional) Enter the FAX number of the owner/operator or employee contact person.

**Email Address:** (Optional) Enter the Email address of the owner/operator or employee contact person.

**Registration Agent Business Name:** If the registrant will be represented for IRP registration purposes by a DMV licensed registration service agent the agent’s business name must be entered in this space.

**Registration Agent Contact Person(s):** Enter the name of the registration service agent contact employee.

**Registration Agent Telephone Number:** Enter the telephone number of the registration service agent.

**DMV Occupational License Number:** If the registrant will be represented for IRP registration purposes by a DMV licensed registration service agent the agent’s DMV Occupational License Number must be entered in this space.

**IFTA Number:** If the IRP registrant also files fuel taxes under the International Fuel Tax Agreement, the IFTA account number must be reported.

**California Motor Carrier Permit Number:** (Optional) Enter the California Motor Carrier Permit Number issued by DMV if you also operate in intrastate commerce.

**FHWA (ICC) Number:** Motor carriers operating “for hire” must be issued a registration certificate from the Federal Motor Carrier Safety Administration (formerly FHWA/ICC). Enter your federal motor carrier number when applicable.

**US DOT Number:** Enter the carrier’s federal Department of Transportation number.

**California Commercial Drivers License Number:** Owner/operator registrants must report their California Commercial Drivers License Number.

**State of Incorporation:** If applicable, enter the state where your corporation was registered with the Secretary of State.

**Date of Incorporation:** If applicable, enter the date of your company’s incorporation.

**Type of Operations:** Mark (X) all boxes that pertain to your business. If you are engaged in seasonal operations circle the month(s) of intended operation. If none of the listed operational types apply to your operation mark (X) “Other” and specify your type of operation.

**Primary Types of Loads:** Mark (X) the boxes that most closely describe the commodities you haul. If none of the listed commodities apply, mark (X) “Other” and specify the other commodity.

**Complete for Original IRP Applications Only:** All applicants for new/original IRP fleets must answer the three questions shown in this portion of the form. 1. Mark (X) this box YES if your fleet and/or vehicles have history of prior IRP registration in another jurisdiction within the past 24 months. 2. Mark (X) this box YES if your fleet and/or vehicles have any history of prior California IRP registration. If YES, provide the previous California IRP account number. 3. Mark (X) this box YES if the vehicles being registered on the application have operated in interstate commerce under alternative permit registration within the past 24 months.

**INSTRUCTIONS FOR COMPLETING SCHEDULE B MILEAGE REPORT (BACK OF FORM)**

**IMPORTANT:** REVIEW THE REQUIREMENTS FOR REPORTING ACTUAL AND ESTIMATED MILEAGE IN CHAPTER 3, “FLEET DISTANCE AND OPERATIONAL WEIGHT REQUIREMENTS” OF THE CALIFORNIA IRP CUSTOMER HANDBOOK BEFORE COMPLETING THIS MILEAGE SCHEDULE!

**Type of Application:** Mark (X) the box to indicate the type of application being submitted.

**IRP Account Number:** When applying for a new (original) IRP account, enter “New”. When applying for any other type of activity, enter the previously assigned account number.

**Fleet Number:** Optional, for customer reference only.

**Registrant Name:** Enter the full registrant name as reported on the front or as previously reported.

**Jurisdiction Mark (X) Boxes:** You must check the box in front of each jurisdiction where you want to qualify your fleet for IRP operation/registration. If a jurisdiction check box is checked, then actual or estimated miles must be entered in the related mileage box by the customer or registration service agent.

**EST Column:** This box must be checked if the mileage entered in the mileage box has been estimated.

**Mileage Spaces:** Estimated or actual miles must be entered by the customer or registration service agent for all jurisdictions where the fleet will be qualified for IRP operation/registration.

**Percent Spaces:** Do not enter data in this column. DMV will calculate the apportioned mileage percentage for each qualified IRP jurisdiction.



CALIFORNIA IRP CARRIER DATA—SCHEDULE A/B

<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> Carrier Information Correction(s): Show your IRP account number and complete only those fields which reflect changes of previously reported information. <input type="checkbox"/> Renewal: Use this form only if no renewal notice was received from DMV. Complete all fields of information. Schedule C form must also be submitted. <input type="checkbox"/> New/Original Application: Complete all fields of information except IRP Account Number to be assigned by DMV. Schedule C must be attached.				<b>IRP ACCOUNT NUMBER</b>							
SUPPLEMENT NUMBER		FLEET NUMBER		IRP LICENSE YEAR <input type="checkbox"/> Current Year Only <input type="checkbox"/> Current and Subsequent Year		ENTER EFFECTIVE DATE OF IRP REGISTRATION /    /					
REGISTRANT NAME/LEGAL NAME											
REGISTRANT NAME CONTINUED AND/OR DBA											
BUSINESS ADDRESS (MUST BE A PHYSICAL LOCATION)				CITY		STATE		ZIP CODE			
MAILING ADDRESS				CITY		STATE		ZIP CODE			
ADDRESS WHERE RECORDS OF THIS FLEET ARE MAINTAINED				CITY		STATE		ZIP CODE			
REGISTRANT AUTHORIZED EMPLOYEE NAME				DAYTIME TELEPHONE NUMBER (    )		FAX NUMBER (    )		E-MAIL ADDRESS			
REGISTRANT AGENT BUSINESS NAME				REGISTRATION AGENT CONTACT PERSON(S)		REGISTRATION AGENT TELEPHONE NUMBER (    )		DMV OCCUPATIONAL LICENSE NUMBER			
<b>GOVERNMENT REGULATORY AUTHORITY NUMBERS</b>				<b>TYPE OF OPERATIONS ("X" ALL THAT ARE APPLICABLE)</b>		<b>PRIMARY TYPES OF LOADS</b>		<b>TO BE COMPLETED FOR ORIGINAL IRP APPLICANTS ONLY:</b>			
IFTA #.....				<input type="checkbox"/> Haul for Hire		<input type="checkbox"/> Agriculture/Farm Products		1. Does this fleet and/or vehicles have any history of prior IRP registration in another jurisdiction within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, indicate State _____ and Year _____.  2. Does this fleet and/or vehicles have any history of prior California IRP registration? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, show CA IRP Acct # _____ and Registrant Name: _____.  3. Have the vehicles registered in this application been operated in interstate commerce under alternative permit registration within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, indicate states of travel:			
California Motor Carrier Permit #.....				<input type="checkbox"/> Independent Owner/Operator		<input type="checkbox"/> Forrest Products/Logs					
FHWA (ICC) MC #.....				<input type="checkbox"/> Private Carrier		<input type="checkbox"/> Household Goods					
US DOT #.....				<input type="checkbox"/> Rental/Leasing		<input type="checkbox"/> Dump Trucks					
CA Commercial Driver License # .....				<input type="checkbox"/> One Way Fleet		<input type="checkbox"/> Fertilizer					
State of Incorporation .....				<input type="checkbox"/> Household goods		<input type="checkbox"/> Passengers					
Date of Incorporation.....				<input type="checkbox"/> Bus: <input type="checkbox"/> Regular Route <b>OR</b> <input type="checkbox"/> Charter		<input type="checkbox"/> Waste					
<b>Declaration: The undersigned declares, under penalty of perjury under the laws of the State of California that the information entered on both sides of this form is true and correct.</b>				<input type="checkbox"/> Seasonal Operations ( <i>circle months of operation</i> ) 1   2   3   4   5   6   7   8   9   10   11   12		<input type="checkbox"/> Tank Operations					
				<input type="checkbox"/> Other ( <i>Specify</i> )		<input type="checkbox"/> Hazardous Materials					
						<input type="checkbox"/> Building Materials					
						<input type="checkbox"/> General Commodities					
						<input type="checkbox"/> Mineral Products					
						<input type="checkbox"/> Vehicle Wrecking/Towing					
						<input type="checkbox"/> Other ( <i>Specify</i> )					
						<b>Important Agent Authorization:</b> The signature of an agent who is not a bona fide employee of the business must be authorized in writing. An owner, partner, or corporate officer must complete the authorization prior to the agent affixing his signature on the application. <b>The undersigned hereby appoints the registration agent named above to sign my IRP applications for the _____ license year.</b>					
SIGNATURE <b>X</b>		TITLE		DATE		SIGNATURE <b>X</b>		TITLE		DATE	



# CALIFORNIA IRP CARRIER DATA—SCHEDULE A/B

**TYPE OF APPLICATION:**    ☐ New/Original            ☐ Renewal            ☐ State Addition Application            ☐ Amended by Request of DMV

IRP ACCOUNT NUMBER	FLEET NUMBER	IRP LICENSE YEAR Month                  Year                  to   Month                  Year	REGISTRANT NAME
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**INSTRUCTIONS:**

- Enter mileage for the period July 1 through June 30 immediately prior to the year of registration.
- Enter an X in the box in front of each jurisdiction for which you are applying for IRP operating authority.
- Enter an X in the “Est” column for any jurisdiction mileage which has been estimated and give a full explanation of how the miles were estimated including points of origin/destination, routes, and frequency of travel in the spaces below, or a signed document bearing the letterhead of the designated representative, or attach a signed printout showing the results of a computer estimating software program.

JURISDICTION			EST	MILEAGE	PERCENT	JURISDICTION			EST	MILEAGE	PERCENT	JURISDICTION			EST	MILEAGE	PERCENT	
<input type="checkbox"/>	AL	Alabama (I)	<input type="checkbox"/>			<input type="checkbox"/>	MB	Manitoba (I)	<input type="checkbox"/>			<input type="checkbox"/>	OH	Ohio (I)	<input type="checkbox"/>			
<input type="checkbox"/>	AK	Alaska	<input type="checkbox"/>			<input type="checkbox"/>	MD	Maryland (I)	<input type="checkbox"/>			<input type="checkbox"/>	OK	Oklahoma (I)	<input type="checkbox"/>			
<input type="checkbox"/>	AB	Alberta (I)	<input type="checkbox"/>			<input type="checkbox"/>	MA	Massachusetts (I)	<input type="checkbox"/>			<input type="checkbox"/>	ON	Ontario (I)	<input type="checkbox"/>			
<input type="checkbox"/>	AZ	Arizona (I)	<input type="checkbox"/>			<input type="checkbox"/>	MX	Mexico	<input type="checkbox"/>			<input type="checkbox"/>	OR	Oregon (I)	<input type="checkbox"/>			
<input type="checkbox"/>	AR	Arkansas (I)	<input type="checkbox"/>			<input type="checkbox"/>	MI	Michigan (I)	<input type="checkbox"/>			<input type="checkbox"/>	PA	Pennsylvania (I)	<input type="checkbox"/>			
<input type="checkbox"/>	BC	Brit. Columbia (I)	<input type="checkbox"/>			<input type="checkbox"/>	MN	Minnesota (I)	<input type="checkbox"/>			<input type="checkbox"/>	PE	Prince Ed. Is. (I)	<input type="checkbox"/>			
<input type="checkbox"/>	CA	California (I)	<input type="checkbox"/>			<input type="checkbox"/>	MS	Mississippi (I)	<input type="checkbox"/>			<input type="checkbox"/>	QC	Quebec (I)	<input type="checkbox"/>			
<input type="checkbox"/>	CO	Colorado (I)	<input type="checkbox"/>			<input type="checkbox"/>	MO	Missouri (I)	<input type="checkbox"/>			<input type="checkbox"/>	RI	Rhode Island (I)	<input type="checkbox"/>			
<input type="checkbox"/>	CT	Connecticut (I)	<input type="checkbox"/>			<input type="checkbox"/>	MT	Montana (I)	<input type="checkbox"/>			<input type="checkbox"/>	SK	Saskatchewan (I)	<input type="checkbox"/>			
<input type="checkbox"/>	DE	Delaware (I)	<input type="checkbox"/>			<input type="checkbox"/>	NE	Nebraska (I)	<input type="checkbox"/>			<input type="checkbox"/>	SC	S. Carolina (I)	<input type="checkbox"/>			
<input type="checkbox"/>	DC	Dist Columbia (I)	<input type="checkbox"/>			<input type="checkbox"/>	NV	Nevada (I)	<input type="checkbox"/>			<input type="checkbox"/>	SD	S Dakota (I)	<input type="checkbox"/>			
<input type="checkbox"/>	FL	Florida (I)	<input type="checkbox"/>			<input type="checkbox"/>	NL	Newfoundland (I)	<input type="checkbox"/>			<input type="checkbox"/>	TN	Tennessee (I)	<input type="checkbox"/>			
<input type="checkbox"/>	GA	Georgia (I)	<input type="checkbox"/>			<input type="checkbox"/>	NB	New Brunswick (I)	<input type="checkbox"/>			<input type="checkbox"/>	TX	Texas (I)	<input type="checkbox"/>			
<input type="checkbox"/>	ID	Idaho (I)	<input type="checkbox"/>			<input type="checkbox"/>	NH	New Hampshire (I)	<input type="checkbox"/>			<input type="checkbox"/>	UT	Utah (I)	<input type="checkbox"/>			
<input type="checkbox"/>	IL	Illinois (I)	<input type="checkbox"/>			<input type="checkbox"/>	NJ	New Jersey (I)	<input type="checkbox"/>			<input type="checkbox"/>	VT	Vermont (I)	<input type="checkbox"/>			
<input type="checkbox"/>	IN	Indiana (I)	<input type="checkbox"/>			<input type="checkbox"/>	NM	New Mexico (I)	<input type="checkbox"/>			<input type="checkbox"/>	VA	Virginia (I)	<input type="checkbox"/>			
<input type="checkbox"/>	IA	Iowa (I)	<input type="checkbox"/>			<input type="checkbox"/>	NY	New York (I)	<input type="checkbox"/>			<input type="checkbox"/>	WA	Washington (I)	<input type="checkbox"/>			
<input type="checkbox"/>	KS	Kansas (I)	<input type="checkbox"/>			<input type="checkbox"/>	NC	North Carolina (I)	<input type="checkbox"/>			<input type="checkbox"/>	WV	West Virginia (I)	<input type="checkbox"/>			
<input type="checkbox"/>	KY	Kentucky (I)	<input type="checkbox"/>			<input type="checkbox"/>	ND	North Dakota (I)	<input type="checkbox"/>			<input type="checkbox"/>	WI	Wisconsin (I)	<input type="checkbox"/>			
<input type="checkbox"/>	LA	Louisiana (I)	<input type="checkbox"/>			<input type="checkbox"/>	NT	NW Territories	<input type="checkbox"/>			<input type="checkbox"/>	WY	Wyoming	<input type="checkbox"/>			
<input type="checkbox"/>	ME	Maine (I)	<input type="checkbox"/>			<input type="checkbox"/>	NS	Nova Scotia (I)	<input type="checkbox"/>			TOTAL ACTUAL MILES						

EXPLAIN HOW MILEAGE WAS ESTIMATED: